

(1) **Person Filing:** _____
Address: _____
Phone: _____
State Bar Number (if applicable): _____
Representing ☐ **Self (Without a Lawyer)** or
Attorney for ☐ **Petitioner** OR ☐ **Respondent**

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(2) _____
 Name of Petitioner (in original case)

Case No: (3) _____

ATLAS No: (3) _____
 (if applicable)

(2) _____
 Name of Respondent (in original case)

PETITION FOR HEARING

The information provided on the ***"Petition to Stop or Modify the Order of Assignment"*** is not accurate. I request that a hearing be set so that I can explain to the judge or commissioner my position. I have read this document and the information is true and correct to the best of my knowledge.

(4) Signature _____

_____ Date

Sworn to or Affirmed before me this: _____ by _____
 (date)

My Commission Expires: _____

_____ Notary Public or Deputy Clerk

NOTICE: Upon filing the Petition for Hearing, the filing party must immediately mail or otherwise deliver a copy of this Petition to the other party or his/her attorney. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be mailed or provided with a copy of the Request, which can be mailed to:

Attorney General, Child Support Enforcement
P. O. Box 6123, Site Code 775
Phoenix, Arizona 850052

If a hearing or conference is scheduled, the court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.